

North Dakota Department of Health

LONG TERM CARE ADVISORY
COMMITTEE MEETING MINUTES

September 21, 2015
10:00 a.m. – 3:00 p.m.

Committee Members Present:

Darleen Bartz, Chief, Health Resources Section, ND Department of Health
Shelly Peterson, Executive Director, ND Long Term Care Association
Lucille Rostad, Program Manager, Division of Health Facilities, ND Department of Health
Rocksanne Peterson, Recorder, Division of Health Facilities, ND Department of Health
Bruce Pritschet, Director, Division of Health Facilities, ND Department of Health
Barb Groutt, Chief Executive Office, Quality Health Associates
Carole Watrel, AARP
Gregory Salwei, Chairman of the NDLTC Association, CEO Wishek Living Center
Karen Tescher, Assistant Director, LTC Continuum, DHS
Cathy Anhalt, Education Director, ND Long Term Care Association
Shannon Nieuwsma, LTC Ombudsman, ND Department of Human Services
Representative Gary Kreidt, ND House of Representatives (New Salem)
Dr. Bruce Hetland, Bismarck Medical Director, Nursing Home Medical Directors Association
Monte Engel, Division of Life Safety & Construction, ND Department of Health

Committee Members Absent:

Dave Remillard, Public Member
Joan Ehrhardt, Consumer Representative
Michelle Lauckner, Quality Health Associates
Randal Albrecht, Chair, ND Board of Examiners for Nursing Home Administrators
Karla Backman, State LTC Ombudsman, ND Department of Human Services
Arvy Smith, Deputy State Health Officer, ND Department of Health

Welcome

A meeting of the Long Term Care Advisory Committee was called to order at 10:05 a.m. on Sept 21, 2015. The meeting was held in the AV 212 Conference Room at the State Capitol. Darleen Bartz welcomed everyone to the meeting and introductions followed.

Public Comment

No comments.

Approval of Minutes

The minutes from the June 11, 2015 Long Term Care Advisory Committee meeting were distributed and reviewed. Bruce Pritschet made the motion to approve the minutes with corrections; Bruce Hetland seconded the motion. Motion carried.

Standing Reports & Legislative Update

Legislative Update: Representative Gary Kreidt.

- Representative Gary Kreidt gave a legislative update. He reported the Medicaid Management Information System (MMIS) is ready to be fired up. Karen Tescher reported that training has taken place for Human Services. Shelly stated that the Long Term Care and Basic Care facilities have also received training. It was also reported that everything is going along fine in the transition phase. Representative Kreidt stated there will be a budget meeting on Wednesday, September 23, 2015. He also sits on the Employee Benefits Committee, the Audit/Fiscal Committee and Legacy Committee as well as the Budget Committee. Representative Kreidt spoke about oil production and the revenue from it. He doesn't expect oil prices to go back up for quite a while.

North Dakota Long Term Care Association: Shelly Peterson.

- The fall Long Term Care Association conference was held on September 15-19, 2015.
- A membership meeting was also held during the conference. Shelly reported funding for Long Term Care passed in the legislature. The association will be having a couple meetings regarding the distribution of the funds. She also reported that staffing is still a big issue for facilities, as well as use of contract staff. However, housing for contract staff has improved. Shelly stated that they talked about the LTC Collaborative Workgroup, and people are excited regarding about the groups progress. They are pleased with the follow-up on abuse/neglect reporting. Shelly stated that members are on board for regarding the independent initial IDR and the review of the data for G Level deficiencies. Shelly had spoken with MPRO, and they were going to send her information on the costs for the IDR process. The members are committed and willing to cooperate. Darleen asked Barb Groutt if her organization would be willing to do a root-cause analysis of the data. Barb stated that her organization would be willing.
- Shelly reported that Greg Salwei's term as the chairman of the Long Term Care Association will be up at the end of the year. Craig Christianson will take over on January 1, 2016.
- Shelly stated that CMS implementation of revised regulations and staffing reporting will be mandatory July 2016. Until then; facilities will be able to do it on a voluntary basis.
- Shelly talked about the 5 star rating and what factors impact a facilities rating.
- Greg Salwei talked about concerns regarding the retirement of administrators and directors of nursing (DON). There aren't a lot of people willing to step into those positions.
- Shelly briefly talked about the MDS focused surveys. To date, two facilities have been surveyed. One more special focus survey should be completed shortly.
- Cathy Anhalt thanked Darleen, Bruce and Lucille for their presentations at the LTC conference. She stated they had a lot of good speakers and feedback from the conference. Greg Salwei stated that he would like to see one more training on the MMIS.
- Lucille inquired about the facilities feelings regarding the electronic plan of corrections (ePOCs). Shelly stated that the facilities love it. Bruce Pritschet stated there are 19 facilities that have not signed up for ePOC. The plans of correction are electronic for both Health and LSC.
- Shelly stated there are concerns regarding the length of time it take LSC to review construction plans. Darleen indicated that LSC will be hiring another temporary plans reviewer. Representative Kreidt stated that he had spoken with Arvy Smith because he had been contacted by a hospital regarding their project. Darleen stated that she had heard from three hospital administrators. For one hospital, LSC had not had their plans in their office for very long before she had received a letter of concern from them. Another hospital had not submitted their fee for the plans review. The plans had been reviewed

but not approved because of lack of payment. Darleen stated that she will be letting Shelly and Jerry Jurena know the status of plans review.

Quality Health Associate of North Dakota: Barb Grout.

- Barb reported that 47 nursing homes have signed to work with them.
- Barb reviewed the quality measure composite summary for December 2014 – May 2015. Shelly asked if Barb could explain the ADL measures which is a standard component of the MDS. Barb did not have that information, but indicated she would look into it and get back to the group. North Dakota has a higher percentage rate for using antipsychotic medications than the national average. The group discussed the use and the strategies using antipsychotic medications and other options. Barb asked about the Alzheimer's Associations use of off label medications. Shelly stated that ND has a higher instance of Alzheimer's. The group talked about Alzheimer's research and family members wanting to make sure their loved one is getting the very best care.
- Barb reported there is another priority coming down the line, clostridium difficile.
- Barb spoke about a pilot regarding basic care quality improvement (QI).
- She also spoke about a focus on urinary tract infections and participation from facilities. There are approximately 10 facilities participating.

State Ombudsman: Shannon Nieuwsma for Karla Backman.

- Shannon stated they are working on updating the patient/resident Bill of Rights booklet. Shelly stated the reason for the update is the law has changed regarding a transfer of a patient/resident notification. Notification must take place within 30 days.

Division of Health Facilities: Bruce Pritschet/Darleen Bartz.

- Darleen gave a report from the New/Additional Basic Care Bed Meeting. A facility in Jamestown had sent in a request for 39 beds; only 8 beds were approved. The facility will need to purchase additional beds if they want to be licensed for 39 beds.
- Bruce reviewed the average number of deficiencies reports. The average number of G level deficiencies has decreased. North Dakota's average number of deficiencies is 5.2 (see report). These numbers are from both the traditional and QIS surveys.
- Bruce reviewed the Citation Frequency Report for the nation, region and North Dakota (see report). F323, Free of Accident Hazards/Supervision/Devices is the top citation for the nation and North Dakota and second in the region. Shelly asked about F278 being higher on North Dakota's frequency report but lower for the region and non-existent for the nation. Bruce stated that since CMS is focusing on MDS we will probably be seeing the nation and the region increase in citation frequency for F278.

Division of Life Safety & Construction: Monte Engel.

- Monte reviewed the average number of Life Safety and Construction (LSC) deficiency and citation frequency reports (see reports). The average number of deficiencies for North Dakota is 2.48. The average for the region is 3.98 and national is 3.66. The most frequently cited deficiency for North Dakota is K0144, Generator Inspected/Tested.
- Shelly talked about an email she received regarding the use of hand and alcohol sanitizers in a facility. Monte stated that facilities are still using the hand sanitizers.
- Shelly inquired about CMS implementing the 2012 standards for survey. Monte reported that as of July 1, 2015 new licensure construction standards went into effect for hospitals, LTC and basic care facilities. We anticipate CMS requirements will be updated in FY2016.

- Monte reported the plan review fee is based on the plan review and the payment must be received before plans are approved.

Old Business

Update on Revision to NDAC Section 33-03-24.1-23, Subsection 6: Darleen Bartz

- Darleen gave an update regarding the revisions to subsection 6. Rules committee recommending removing the name of the resident on the application (See handout). This was more of concern for the resident on Hospice. The revision went through the Administrative Rules Committee on September 16, 2015. Lucille and Darleen had included this information in their presentation at the LTC Convention.
- Karen Tescher reported that DHS had updated their Assisted Living Rules as well, and reviewed the changes (See handout).

Update on NDDoH LTC Collaborative Meetings: Darleen Bartz

- Darleen gave an update on the collaborative meetings. The group has had three meetings since the last advisory committee meeting. The collaborative group would like to take a look at data and do a root cause analysis.
- There have been discussions regarding G-level deficiencies, top citations, the IDR and what use of an independent reviewer for the initial review in an IDR would look like. Darleen stated that she has some concerns regarding the increased time an IDR would take if another step was added to the process and associated costs. She will take the IDR options to the collaborative work group for a vote so there is a direction to move forward.
- Representatives from CMS are present either by phone or in person for the meetings. CMS. CMS and the NDDoH would like hold a meeting for all LTC facilities to participate in on a variety of topics sometime January 1, 2016.

New Business

G-Level Deficiencies – What Data is Needed to Complete a Root Cause Analysis?: Darleen Bartz

- The group had a discussion regarding the data needed to complete a root cause analysis. Barb felt it was complicated; she asked if we would like to include just the facilities who have had G-level deficiencies. Shelly talked about doing a comparison with other states. Bruce Pritschet would like to know the reason why the level of deficiencies spiked last fall. The number of G-level deficiencies have decreased since the spike.
- Falls were identified as the resulting in the most frequently cited deficiency. Karen asked if there was a correlation as to the time and when the fall happened. It was felt that this needed to be tracked and trended. What was the trigger to cause the fall? Shelly was wondering if facilities would have good and reliable data. Darleen indicated that it was likely that facilities did not have the documentation in that detail. Karen asked if it would be a benefit to track if use of contract staff was to the frequency of falls.
- Greg stated that he would like to look at other states related to G-level deficiencies. It is hard to compare a smaller state like North Dakota with a larger one such as California. Darleen stated that it would be interesting to look at the data to see if the oil boom and use of contract staff had impacted the number of G-level deficiencies. Representative Kreidt stated that oil prices started falling in December 2014.
- Shelly asked if the G-level deficiencies were in smaller facilities vs larger facilities.

- Shelly stated the QIO would be a good fit to look at the data and to do a root cause analysis. Barb will talk to her group about doing and report back to the collaborative work group.

Sharing of staff in a Co-located Facility: Bruce Pritschet/Dawn Mock

- Bruce reported that during a survey it was noted that a nurse had stated that the surveyor didn't have to follow her as she passed meds for the next 6 rooms because they were basic care. There are concerns regarding this, because the nurse did not check out of one facility and check into the other facility before passing medications there. CMS observed this and brought it to the department's attention. There are other issues with sharing of staff between facilities. This is currently not being cited during a survey, but maybe looked at in the future.
- Darleen asked about how Medicaid would deal with it. Dawn Mock stated a facility should know what the provider's requirements are. Shelly felt it was more of a provider audit issue and is not sure what is going on. Darleen stated that it would be nice to know what is going on so that we could address it in a memo.
- The group discussed how best to handle or address the issue. It is both a care issue and a billing issue. The facility needs to meet the needs of the resident. Shelly asked Bruce Pritschet if he had talked to the administrator regarding the allocation of the billing. He stated he had not. Greg stated that a facility should be allocating a certain amount of money to Basic Care and LTC. Darleen stated specific hours needed to be tracked and this will be reviewed, at a minimum, through the MDS and Staffing Focus Surveys. Dawn asked if the facility has provided an action plan. Bruce stated that it hasn't been cited yet, so no action plan has been provided. Darleen asked if it should be reported to Medical Services. The group felt that most of the facilities aren't aware that this is an issue. Shelly felt it was a good idea for a memo to be sent to providers. Bruce Pritschet stated it is very hard to formulate the memo. Karen Tescher stated that LeAnn Theil and Provider Audit should also provide insight. Darleen recommended that a meeting be set up with Medical Services regarding the issues. This is also an issue with a co-located CAH-Nursing facilities or Basic Care Facilities, especially if there is only one licensed nurse staff at a time. The NDDOH is hesitant to start citing this before we have let the facilities know there was an issue. Shelly will bring up at regional meetings. Staff from the NDDoH and ND DHS will plan to meet and discuss this issue, and NDDoH will bring a draft memo back to the group at the next meeting.

Basic Care Occupancy Data: Darleen Bartz

- Darleen reviewed the information from the most recent Basic Care Occupancy Survey. The information was collected in conjunction with the request of new/additional beds. There is a bigger need for Alzheimer beds versus basic care beds.
- Shelly reported that there has been concern regarding the bed moratorium.
- The group identified some discrepancies in the formulas used for the Basic Care Occupancy Survey form. The formulas will be reviewed and revised, and information brought back to the next meeting.

ND Partnership for Dementia Care – August 12, 2015 Meeting Update: Michelle Lauckner/Barb Groutt

- Barb gave a report from the ND Partnership for Dementia Care. The group at the meeting had a discussion regarding residents from the nursing homes being placed on psychotic medications while in the hospital. Quality Associates will be looking at the highest

prescribers of antipsychotic medications. The group discussed adding to the members of the partnership. The group will meet again in 6 months, and the NDDoH will host again. It was felt it there was a lot of good discussions at the partnership meeting. Shelly recommended that the administrators from the geropsych facilities be invited to the next meeting, and Karen recommended someone from the state hospital be invited as well.

Alzheimer's Dementia – The 6th Leading Cause of Death; What Does This Mean for North Dakota?: Darleen Bartz

- Darleen reviewed the Cognitive Data from the 2012 Behavioral Risk Factor Surveillance System (BRFSS). One of eight Americans aged 45 and older is experiencing confusion or memory loss that is happening more often or is getting worse (“cognitive decline”). The aging population continues to grow. A large proportion of those experiencing cognitive decline, it is negatively affecting their ability to function. Those experiencing cognitive decline have several additional specific health issues beyond increasing memory problems. Over 80 percent of those with cognitive decline have at least one other chronic condition (arthritis, asthma, COPD, cancer, cardiovascular disease and/or diabetes). Seventy-seven percent of people with cognitive decline have not talked to a healthcare provider. Most of people who have been diagnosed with Alzheimer's deny they even have it.
- Darleen reviewed statistics for North Dakota from the Alzheimer's Association. The percentage of change from 2015 to 2025 is expected to be 14.3% for the number of people aged 65 and older with Alzheimer's by age. The percentage of seniors with Alzheimer's disease is currently 13%. She also reviewed the number of deaths from Alzheimer's and the cost of caregiving.
- In North Dakota, 10.2 percent of those aged 45 and over report that they are experiencing confusion or memory loss that is happening more often or is getting worse. We are dealing with a problem that will only get worse for us.
- Darleen asked if there are studies that will be done during the next legislative session regarding this issue and the future of our state. Carol stated that there is research going on at UND.
- North Dakota is the only state that has a state funded Alzheimer's program.

Discussion/Other:

Next Meeting

- Date and Time:
 - Monday, December 7, 2015, 10:00 a.m. – 3:00 p.m., AV Room 212, State Capitol

Meeting adjourned.